

Case Number:	CM14-0145226		
Date Assigned:	09/12/2014	Date of Injury:	03/08/2007
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male with a reported date of injury on 03/08/2007. The injury reportedly occurred when he was lifting furniture, moving the trash can, opening doors, and bending to pick up trash. His previous treatments were noted to include physical therapy, epidural steroid injections, and medications. His diagnoses were noted to include L5-S1 facet arthropathy with mild right and severe left foraminal stenosis, L4-5 right paracentral disc herniation with mild to moderate bilateral foraminal stenosis, L3-4 disc bulge, aggravation of the previous lumbar strain, and aggravation of the previous lumbar degenerative disc disease. An unofficial MRI dated 11/26/2013 showed bilateral facet arthropathy at L5-S1 and severe left foraminal stenosis. At L4-5, there was a right paracentral disc herniation with mild to moderate bilateral foraminal stenosis and at L3-4 there was a broad based central disc herniation. The progress note dated 05/22/2014 revealed complaints of right sided buttock pain and right sided leg cramps and spasms. The injured worker complained of continuous back pain. The injured worker indicated he had a right L4-5 epidural steroid injection on 01/24/2014. The physical examination revealed 5/5 strength in the bilateral lower extremities in all muscle groups except for the tibialis anterior and the EHL which were 4 bilaterally. There was a positive right straight leg raise and full range of motion to the lumbar spine. There was tenderness to palpation to right lower lumbar area where there was some paraspinal muscle spasms. He had 2+ patellar reflexes bilaterally and 0 Achilles reflexes bilaterally. The progress note dated 08/21/2014 revealed complaints of pain to his back with tightness. The injured worker indicated he would like another epidural steroid injection. The physical examination revealed 5/5 motor strength to the bilateral lower extremities except for the tibialis anterior and EHL which were rated 4/5 bilaterally. There was a positive right straight leg raise and full range of motion to the lumbar spine. There was tenderness to palpation to the right lower lumbar area where he had some

paraspinal muscle spasms. The patellar reflexes bilaterally were rated 2+ and the Achilles reflexes bilaterally were rated 0. The Request for Authorization form dated 08/27/2014 was for a lumbar epidural steroid injection under fluoroscopy to the right L5-S1 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar ESI Under Fluoroscopy Right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46..

Decision rationale: The request for a lumbar epidural steroid injection under fluoroscopy to the right L5-S1 is not medically necessary. The injured worker has had a previous epidural steroid injection in 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The Guidelines criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on the continue objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation showing significant neurological deficits such as decreased sensation in a specific dermatomal distribution. The lumbar MRI did show severe left foraminal stenosis at L5-S1; however, there was a lack of documentation regarding tenderness in the specific dermatomal distribution. There is a lack of documentation regarding efficacy of the previous epidural steroid injection with 50% reduction in pain for 6 to 8 weeks with reduction of medication usage. Therefore, the request is not medically necessary.